

An Overview of Sunset Reviews

Health and Human Services Interim Committee | May 17, 2023

Purpose of Sunset Reviews

Review statutes that are scheduled to be repealed, in order to:

- Eliminate programs that do not serve a clear public purpose; and
- Improve existing programs.

Guidelines for Sunset Reviews

From <u>Utah Code Section 63I-1-103</u>

[...]

- (3) The interim committee shall then consider:
 - (a) the extent to which the statute or agency has operated in the public interest and any areas in which the statute or agency needs to improve its ability to operate in the public interest;
 - (b) the extent to which existing statutes interfere with or assist the legitimate functions of the statute or agency, and any other circumstances including budgetary, resource, and personnel matters that have a bearing on the capacity of the statute or agency to serve the public interest;
 - (c) the extent to which the public has been encouraged to participate in the adoption of the rules established in connection with the statute or agency;
 - (d) the extent to which the statute's provisions or agency's programs and services are duplicative of those offered by other statutes or state agencies;
 - (e) the extent to which the objectives of the statute or agency have been accomplished and their public benefit;
 - (f) the adverse effect on the public of termination of the statute or agency; and
 - (g) any other matter relevant to the review.

[...]

Questions for Sunset Reviews

- 1. Is the program **necessary**?
- 2. Is the program **accomplishing its objective**?
- 3. Are there **ways to improve the program**?



HHS Interim Committee Sunset Reviews – <u>Assigned</u> by Legislative Management Committee on 4-12-23

Utah Health	Utah Health Data Authority Act	
Sections of Code that Sunset	Title 26B, Chapter 8, Part 5, Utah Health Data Authority	
Purpose	Title 26B, Chapter 8, Part 5 establishes the duties and powers of the Health Data Committee. The committee's statutory purpose is (1) to direct a statewide effort to collect, analyze, and distribute health care data to facilitate the promotion and accessibility of quality and cost-effective health care and (2) to facilitate interaction among those with concern for health care issues. The committee has representatives from various perspectives, including public health, purchasers, providers, payers, and patients.	
Current Sunset Date	July 1, 2024 (Utah Code Section <u>63I-1-226</u>)	

Inpatient Hospital Assessment Act	
Sections of Code that Sunset	 <u>Title 26B, Chapter 3, Part 5</u>, Inpatient Hospital Assessment <u>26B-1-315</u>
Purpose	Title 26B, Chapter 3, Part 5 establishes the assessment and collection of a fee on private hospitals to offset the cost of the enhancement waiver program to the state, as well as other increased costs under "traditional" Medicaid (i.e. pre-full expansion Medicaid that occurred in 2020).
	 The Department of Health and Human Services administers the assessment and deposits the proceeds into an expendable special revenue fund known as the Medicaid Expansion Fund, created in 2018. The fund consists of: assessments collected under Title 26B, Chapter 3, Part 5, Inpatient Hospital Assessment; assessments collected under Title 26B, Chapter 3, Part 6, Medicaid Expansion Hospital Assessment; intergovernmental transfers under Section 26B-3-508; savings attributable to the health coverage improvement program as determined by the department; savings attributable to the enhancement waiver program as determined by the department;



	 savings attributable to the Medicaid waiver expansion as determined by the department; savings attributable to the inclusion of psychotropic drugs on the preferred drug list under Subsection 26B-3-105(3) as determined by the department; revenues collected from the sales tax under Subsection 59-12-103(11); gifts, grants, donations, or any other conveyance of money that may be made to the fund from private sources; interest earned on money in the fund; and additional amounts as appropriated by the Legislature. The Medicaid Expansion Fund can be used to pay the costs, not otherwise paid for with federal funds or revenue sources, of: the health coverage improvement program under Section 26B-3-501; the enhancement waiver program under Section 26B-3-501; a Medicaid waiver expansion under Section 26B-3-501;
	 the outpatient upper payment limit supplemental payments under Section 26B-3-511.
Current Sunset Date	July 1, 2024 (Utah Code Section <u>63I-1-226</u>)
Suitset Date	

Medicaid Expansion Hospital Assessment Act	
Sections of Code that Sunset	Title 26B, Chapter 3, Part 6
Purpose	Title 26B, Chapter 3, Part 6 establishes the assessment and collection of a fee on both private and government hospitals to offset the cost of Medicaid expansion (i.e. expanded coverage to also cover childless adults and "higher income" parents.)
	 The Department of Health and Human Services administers the assessment and deposits the proceeds into an expendable special revenue fund known as the Medicaid Expansion Fund, created in 2018. The fund consists of: assessments collected under Title 26B, Chapter 3, Part 5, Inpatient Hospital Assessment; assessments collected under Title 26B, Chapter 3, Part 6, Medicaid Expansion Hospital Assessment; intergovernmental transfers under Section 26B-3-508; savings attributable to the health coverage improvement program as determined by the department;
	 savings attributable to the enhancement waiver program as determined by the department;



	 savings attributable to the Medicaid waiver expansion as determined by the department;
	 savings attributable to the inclusion of psychotropic drugs on the preferred drug list under Subsection 26B-3-105(3) as determined by the department;
	 revenues collected from the sales tax under Subsection 59-12-103(11); gifts, grants, donations, or any other conveyance of money that may be made to the fund from private sources; interest earned on money in the fund; and
	additional amounts as appropriated by the Legislature.
	The Medicaid Expansion Fund can be used to pay the costs, not otherwise paid for with federal funds or revenue sources, of:
	 the health coverage improvement program under Section 26B-3-501; the enhancement waiver program under Section 26B-3-501;
	 a Medicaid waiver expansion under Section 26B-3-501; and the outpatient upper payment limit supplemental payments under Section
	26B-3-511.
Current	July 1, 2024 (Utah Code Section <u>63I-1-226</u>)
Sunset Date	

Sunsets Re	Sunsets Related to Certain Rehabilitation Funds	
Sections of	• <u>26B-1-319</u>	
Code that	• <u>26B-1-320</u>	
Sunset	• <u>26B-1-418</u>	
	• <u>41-1a-1201(9)</u>	
	• 41-6a-1406(6)(b)(iii)	
	• <u>41-22-8(3)</u>	
Purpose	The Neuro-Rehabilitation Fund provides money for individuals who have a spinal cord or brain injury (that is non-progressive or non-deteriorating and requires post-acute care) to obtain care from a charitable clinic. In addition to appropriations and gifts to the fund, \$20 from each impoundment fee, 50 cents from each motorcycle registration fee, and one dollar from each off-highway vehicle registration fee are deposited into the fund.	
	The Pediatric Neuro-Rehabilitation Fund provides money for children that have neurological issues that require post-acute care to obtain care from a charitable clinic. This is funded by appropriations and gifts.	
	These funds are administered by the Department of Health and Human	
	Services in consultation with the Neuro-Rehabilitation Fund and Pediatric	
	Neuro-Rehabilitation Fund Advisory Committee. The committee is tasked with	
	reviewing the quality of care available to individuals and establishing prioritization criteria for disbursing money from the fund. The committee is	



	made up of 11 members and includes a member of the House of Representatives and a member of the Senate.
Current Sunset Date	January 1, 2025 (Utah Code Section <u>63I-1-226</u> , <u>63I-1-241</u>)

Collaborative Care Grant Program	
Sections of Code that	26B-5-118
Sunset	
Purpose	The collaborative care grant program was created by HB 236 during the 2022 General Session. The program requires the Office of Substance Use and Mental Health (formerly the Division of Substance Abuse and Mental Health) to solicit grant applications from small primary health care practices to support or implement a program to provide integrated physical and behavioral health services under a collaborative care model. Requires the Office to provide two reports to the Health and Human Services Interim Committee – the first report regarding awarded grants by July 1, 2023, and the second report regarding recommendations for integrated physical and behavioral health services based on data gathered through the grant program by July 1, 2024.
Current Sunset Date	December 31, 2024 (Utah Code Section 63I-1-226)

Sunset Related to the Utah Assertive Community Treatment Act	
Sections of Code that Sunset	 26B-5-606(2)(a)(i), the language that states "and" 26B-5-606(2)(a)(ii), 26B-5-606(2)(b), and 26B-5-606(2)(c)
Purpose	These provisions in Section 26B-5-606(2) require the Office of Substance Use and Mental Health (formerly the Division of Substance Abuse and Mental Health) to create a long-term statewide ACT team plan or contract with a provider to create the plan, and report to the Health and Human Services Interim Committee before June 30, 2024, regarding certain ACT team issues.
Current Sunset Date	July 1, 2024 (Utah Code Section <u>63I-1-226</u>)



Health Care Price Transparency Tool	
Sections of Code that Sunset	67-3-11
Purpose	Section 67-3-11 requires the state auditor to obtain health care cost data from the Department of Health and Human Services and make the data available to the public through a user-friendly website in a manner that maintains data privacy. The tool is meant to allow a user to see the cost of a health care procedure from various providers.
Current Sunset Date	July 1, 2024 (Utah Code Section <u>63I-1-267</u>)

Psychotropic Medication Oversight Pilot Program	
Sections of Code that Sunset	80-2-503.5
Purpose	Requires the Division of Child and Family Services (DCFS) to establish and operate a psychotropic medication oversight pilot program for children in foster care to ensure that foster children are being prescribed psychotropic medication consistent with the foster children's needs. Requires DCFS to establish an oversight team to manage the psychotropic medication oversight program. Requires DCFS to report to the Child Welfare Legislative Oversight panel regarding the pilot program each even numbered year.
Current Sunset Date	July 1, 2024 (Utah Code Section <u>63I-1-280</u>)